

Summer Softball

Grades 3 - 11

Kimball Boosters Club - Crow River Fast Pitch Softball League

-Players will be challenged as they play other communities such as Hutchinson, Annandale, Dassel, and Litchfield. Games will be played according to ASA rules with some modifications for younger players. Coaches will emphasize proper sportsmanship, teamwork, individual skills, and offensive and defensive skills and strategies.

-Practice typically start in May (Weather Permitting) on Mondays and Wednesdays (typically 6:30 pm to 8:00 pm). Coaches will communicate practice schedules to you.

-Games start June 5th on Mondays and Wednesdays at 6:00 pm (6:30 for the 10 and under age group)and continue into July. All teams will compete in a state qualifier tournament or season ending tournament in July. (Additional tournaments will also be offered.)

Information and Registration Monday, March 13th, 6:30 to 7:30pm HS Cafetorium.

Parents can register their children and get all their questions answered!

Make checks payable to:

Kimball Community Education

Questions:

Email: kimballboosters@gmail.com

Call: Roger Utecht 320-980-1934

Registration forms and payment should be turned in on sign-up night or can be done through Community Ed.

Visit our website: www.kimballboosters.org

Form must be received or postmarked by March 25th (Late registrations are not guaranteed a spot to play.)

- In consideration of participation in this Kimball Booster Club activity, I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Kimball Booster Club, it's members and coaches from any and all injuries I may incur. All persons under the age of 18 must have parent/guardian signature to participate.

- Additionally I hereby agree to abide by all Kimball Booster Club policies and expectations.

Cost for 5th to 11th grade: \$100 per participant (additional family members \$75 each). Includes Jersey.

Cost for 3rd and 4th grade: \$90 per participant (additional family members \$65 each). Includes Jersey.

Participants Name _____ Age _____ Grade 2016/17 _____ Birthdate _____

Phone # _____ Cell #'s _____ / _____ Email(s) _____

Address _____ City _____ Zip _____

Shirt Size: YS YM YL S M L XL Any Medical Condition? _____ Describe _____

Parent/Guardian Name _____ Signature _____